

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation VOCES DE LA FRONTERA ACTION			3. FEC Identification Number C C90011826
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1027 S. 5TH STREET			
(c) City, State and ZIP Code MILWAUKEE WI 53204			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / 07 / 01 / 2016
THROUGH / / 09 / 30 / 2016

6. TOTAL CONTRIBUTIONS..... 25000.00
7. TOTAL INDEPENDENT EXPENDITURES 5175.03

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Flores, Nancy, Nataly, ,	<i>Flores, Nancy, Nataly, ,</i> [Electronically Filed]	10/17/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

A. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt 08 / 03 / 2016 Transaction ID : F56.000002		
Mailing Address					
City Washington	State DC	Zip Code	Amount of Each Receipt this Period 12500.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt 09 / 06 / 2016 Transaction ID : F56.000003		
Mailing Address					
City Washington	State DC	Zip Code	Amount of Each Receipt this Period 12500.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	25000.00
TOTAL This Period (last page carry total to Line 6)	25000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Gonzalez, Valeria, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 1415 W. HAYES AVE.		Amount 400.87	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000001
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee LOZANO, ANDREA, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address N1974 County Rd. H		Amount 141.75	
City Lake Geneva	State WI	Zip Code 53147	Transaction ID : F57.000002
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee RAMIREZ, BETHANIA, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 3047 S. 8th St.		Amount 120.75	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000003
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	663.37
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee MONTERO, DENIS, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2209 W. Oklahoma Ave		Amount 261.38	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000004
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Perez, Elizabeth, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2419 S. 17th St.		Amount 490.13	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000005
Purpose of Expenditure Canvasser	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Valadez, Juana, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2541 N. Farwell Ave.		Amount 136.50	
City Milwaukee	State WI	Zip Code 53211	Transaction ID : F57.000006
Purpose of Expenditure Canvasser	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	888.01
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Rowell-Ortiz, Livia, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2605 S. 6th St.		Amount 595.13	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000007
Purpose of Expenditure Canvasser	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Segura, Mercedes, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 8016 W. Scranton Place		Amount 617.25	
City Milwaukee	State WI	Zip Code 53218	Transaction ID : F57.000008
Purpose of Expenditure Canvasser	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Plascencia, Nury, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 1116 S. 33rd St.		Amount 569.63	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000009
Purpose of Expenditure Canvasser	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1782.01
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Hernandez, Oscar, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2016	
Mailing Address 3266 S. 12th St.		Amount 655.13	
City Milwaukee	State WI	Zip Code 53215	
Purpose of Expenditure Canvasser		Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000010

Full Name (Last, First, Middle Initial) of Payee Camarillo, Ruth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2016	
Mailing Address 2853 S. 33rd St.		Amount 340.88	
City Milwaukee	State WI	Zip Code 53215	
Purpose of Expenditure Canvasser		Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000011

Full Name (Last, First, Middle Initial) of Payee Cardona, Samantha, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2016	
Mailing Address 3240A S. 9th St.		Amount 528.38	
City Milwaukee	State WI	Zip Code 53215	
Purpose of Expenditure Canvasser		Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000012

(a) SUBTOTAL of Itemized Independent Expenditures.....	1524.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Harvey, Shana, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2194 Shorewood Dr.		Amount 134.25	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000013
Purpose of Expenditure Canvasser	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cruz, Waleska, , ,		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 2201 W. Sunbury Ct.		Amount 183.00	
City Milwaukee	State WI	Zip Code 53215	Transaction ID : F57.000014
Purpose of Expenditure Canvasser	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Feingold, Russ, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	317.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5175.03